



ECSU FOUNDATION, INC. DISBURSEMENT REQUEST FORM

This form to be used when requesting the use of any ECSU Foundation, Inc. funds. Request for use of funds, as well as reimbursement request from these funds will be denied without prior completion of this form. Requests will be confirmed or denied within 2 weeks of receiving funding request form.

Date: _____

Program/Project Name: _____ Project ID: _____

Payable to: _____

Address: On File New (Complete Below)

Is payee an ECSU Employee Yes No
If yes, please check the one below that applies:
 Faculty Staff

Is Payee a U.S. Citizen? Yes No
No payment will be made without citizenship status. If citizen status is unknown, contact the Foundation Business Manager at

If payee is an independent contractor, is W-9 attached or on file? Yes No
If no, obtain form at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
Complete and attach to this request.

Last 4 digits of SS # or Tax ID# _____

REASON FOR PAYMENT – Provide detailed explanation	\$ Amount	Banner ID #	GL Expense #
TOTAL	\$		

Print Name of Authorized Signer: _____ Tel Ext. _____ Date _____

Authorized Signer for Account: _____
Your signature attests to the validity of the expense

Secondary Approval: Dept. Chair/Dean _____ Date _____

Mail Check to Payee Hold for Pickup Check Received By _____ Date _____

Below for Business Office Use Only

Reviewed by: _____ Date _____ Fund Availability
Accounts Payable \$ _____ Balance Available

Approved by: _____ Date _____ \$ _____ Remaining
Business Manager

Check # _____ Check Date _____

SEND DISBURSEMENT REQUEST FORM WITH ORIGINAL RECEIPTS TO: ECSU FOUNDATION, INC.
ATTN: BUSINESS MANAGER
83 WINDHAM ST, GELSI-YOUNG RM 120
WILLIMANTIC, CT 06226
Email to: accountspayable@ecsufoundation.org

Retain copy of request form & receipts for your records. No copies will be forwarded after payment.

PROCEDURES on Requesting Funds from Foundation

1. Prior to planning any events or requesting any expenditures using any funds, pre-approval by the Business Manager of the Foundation must be obtained using the ECSU Foundation Funding Request Form.
2. **No** funding will be honored unless this form has been approved prior to request.
3. If you are unsure of the fund name from which funds are being requested, please contact Foundation Business Manager (860) 465-4515 for advisement.
4. This request will be reviewed within 2 weeks after receiving completed request.
5. You will be advised via email of the disposition of your request.
6. If your request has been approved you will then need to complete and submit all required paperwork with original invoices and receipts. No copies or credit card statements will be accepted.
7. If funds are used to support an event, there must be recognition and attribution to the ECSU Foundation as well as the specific funder's name.
8. No areas of this form should be left blank.

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- A.** The description of business should advise, whether this is an event, conference or other. If it involves students this should be noted here as well.
 - B.** The purpose and results should be detailed
 - C.** It is mandatory that an itemized budget be attached. If using at TA please attach, this will act as your budget. No additions to TA will be reimbursable.
 - D.** If you are using another source to fund a portion of request please advise the name and amount.
 - E.** All forms must have Dean's or V.P.'s signature as well as the Provosts.